

Exhibit “G”

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF
HUMAN RIGHTS on the Complaint of

ROBERT G. PERRY,

Complainant,

v.

HALF HOLLOW HILLS CENTRAL SCHOOL
DISTRICT,

Respondent.

VERIFIED COMPLAINT
Pursuant to Executive Law,
Article 15

Case No.

10205463

Federal Charge No. 16GC001066

I, Robert G. Perry, residing at 2579 Overlook Place, Baldwin, NY, 11510, charge the above named respondent, whose address is 525 Half Hollow Road, Dix Hills, NY, 11746 with an unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of race/color, opposed discrimination/retaliation.

Date most recent or continuing discrimination took place is 2/15/2019.

The allegations are:

SEE ATTACHED COMPLAINT

(P)

RECEIVED
NOV 13 2019

Hempstead Regional Office

New York State Division of Human Rights
Employment Complaint Form

1. Your contact information:		
First Name <i>ROBERT</i>	Middle Initial/Name <i>G.</i>	
Last Name <i>PERRY</i>		
Street Address/ PO Box <i>2579 Overlook Place</i>	Apt or Floor #: <i></i>	
City <i>Baldwin</i>	State <i>NY</i>	Zip Code <i>11510</i>
2. Regulated Areas: You believe you were discriminated against in the area of:		
<input checked="" type="checkbox"/> Employment (including paid internship) <input type="checkbox"/> Labor Organization <input type="checkbox"/> Apprentice Training <input type="checkbox"/> Employment Agencies <input type="checkbox"/> Internship (unpaid only) <input type="checkbox"/> Licensing <input type="checkbox"/> Volunteer Firefighting (excludes disability, age, domestic violence victim status, arrest, conviction, genetic history)		
3. You are filing a complaint against:		
Employer Name <i>Half Hollow Hills Central School District</i>		
Street Address/ PO Box <i>Half Hollow Rd</i>		
City <i>Dix Hills</i>	State <i>NY</i>	Zip Code <i>11746</i>
Telephone Number: <i>(631) 592-3300</i>	Ext. <i>Suffolk</i>	
In what county or borough did the violation take place?		
<i>Suffolk</i>		
Individual people who discriminated against you:		
Name: <i>Wayne E. Brooks</i>	Title: <i>Assistant Principal</i>	
Name: <i>Jeffrey Woodberry</i>	Title: <i>Assistant Superintendent</i>	
If you need more space, please list them on a separate piece of paper.		
4. Date of alleged discrimination (must be within one year of filing):		
The most recent act of discrimination happened on:	<i>03</i>	<i>15</i>
	month	day
	year <i>2019</i>	
5. For employment and internships, how many employees does this company have?		
<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-14 <input type="checkbox"/> 15-19 <input checked="" type="checkbox"/> 20 or more <input type="checkbox"/> Don't know		
6. Are you currently working for this company? <i>No</i>		
<input type="checkbox"/> Yes. Date of hire: <i>09 06 09</i> month day year		What is your position? <i>Para Professional</i>
<input type="checkbox"/> No. Last day of work: <i>03 15 2019</i> month day year		What was your position? <i>Para Professional</i>
<input type="checkbox"/> I was never hired. Date of application: _____		What position did you apply for? <i>Para Professional</i>

7. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> Age: Date of Birth: _____	<input type="checkbox"/> Familial Status: Please specify: _____
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Marital Status: Please specify: _____
<input type="checkbox"/> Creed/ Religion: Please specify: _____	<input type="checkbox"/> National Origin: Please specify: _____
<input type="checkbox"/> Disability: Please specify: _____	<input type="checkbox"/> Predisposing Genetic Characteristic: Please specify: _____
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input checked="" type="checkbox"/> Race/Color or Ethnicity: Please specify: <u>Caucasian</u> <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

Retaliation: How did you oppose discrimination:

Filed Against School District

8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Denied me an accommodation for my disability or pregnancy-related condition	<input type="checkbox"/> Denied me leave time or other benefits	<input checked="" type="checkbox"/> Harassed/ intimidated me (other than sexual harassment)
<input type="checkbox"/> Fired me/laid me off <u>Forced me out of my position</u>	<input type="checkbox"/> Denied me overtime benefits	<input checked="" type="checkbox"/> Sexually harassed or intimidated me	<input type="checkbox"/> Did not call back after lay-off
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input checked="" type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Denied me services/treated differently by employment agency
<input checked="" type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input type="checkbox"/> Unlawful inquiry, or limitation, specification or discrimination in job advertisement
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Denied me promotion/pay raise	<input type="checkbox"/> Denied a license by a licensing agency	<input type="checkbox"/> Other: _____

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

I wrote a letter to the administration of the District. They didn't like this at all and took personal retaliation against me. I feel they, the administrator, Jeffrey Wrobelny And anyone Edwards Actions words and language was very intimidating because when I was and my race.

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.

Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

PLEASE INITIAL RP

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

Robert E. Peng
Sign your full legal name

MICHAEL D. JACKSON
Notary Public, State of New York
No. 01JA6198718
Qualified In Queens County
Commission Expires Jan. 5, 2021

Subscribed and sworn before me
This 13th day of November, 2019

Michael D. Jackson

Signature of Notary Public

County: Queens Commission expires: 1/5/2021

Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.